JUUK Veht (~ = Dili		· ·· ·· · · · · · · · · · · · · · · ·								
AMENDED			HEALTH AND WEL	- 777 - 1 1969 Prim	ary Registration	District No. 301	Registrar's No	<u>5</u>	STATE FILE NU	MBER	
		1	PLACE OF DEATH a. COUNTY Cla	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missourib. COUNTY Clay admission)							
Ž		1-		porate limits, give TOWNSI	HIP only)	Length of stay in 1b	c. CITÝ			Inside Li	imits
AMENDED		l _		ior Springs		years	TOWN EXC	elsior Spri	ings	Yes 💢 🐧	No 🗆
<u> </u>			c. FULL NAME OF (IF NO HOSPITAL OR	NOT in hospital, give locati	ion)	Inside Limits	d. STREET ADDRESS	(IT CUISI	ide, give location)	Reside on	
DAIE	1	I _	позтититель 5р	a-View Rest H	fome	YeÑ∏ No □	<u> </u>	214 E. Exce	elsior	Yes 🗆 1	No X
1	 	-5	3. NAME OF DECEASED (Type or print)	First		Middle	Last	4. DATE OF	Month Day	Ye	'ear
1				Mattie		Jane	Flack	DEATH Jai	n. 11, 1962		
		5		6. COLOR OR RACE	7. Married [Widowed]		8. DATE OF BIRTH		day) IF UNDER 1 YEAR Months Days	Hours	R 24
		1	Female	White	1 <u>A</u>	BUSINESS OR INDUSTR	3-20-1885	5 76 (City and state or coun		<u> </u>	
	1 1	1	during most of working				i		USA	Minni ee-	J1717.
	1	17	At home Ba. FATHER'S NAME		Non:	COTHER'S MAIDEN NAM	Ray Count	TY MO.	OF HUSBAND OR WIFE		
]		James Coons	s		Sidney Jar	ne Taylor	Van F	lack		
	1		S. WAS DECEASED EVER I	IN U.S. ARMED FORCES?			17. INFORMANT		Address Excelsion		
		(1	(es, ne, or unknown) (If you				Henry Coor		ion Springe	Мо	
1 1	ا ار			(Enter pale and parents and		1			T (1 184	TERVAL BET	
			18. CAUSE OF DEATH (I	DEATH WAS CAUSED BY:	line				0	MACI MIND I	DEA
ر ا	JMENT		18. CAUSE OF DEATH (DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Coron	ary oc	clusion		15"	DEA
5	OCUMENT		PART I. [IMMEDIATE CAUSE (a)	·			clusion	-	15	DEA
	1 101		PART I. [Conditions which gav	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15, if eny, 10 DUE TO (b)	·	Goran		teriosclo	· - 3/3	15'	DEA
INSIEAU OF	1 101		PART I. [Canditions which gav above ca stating the	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15, if any, ye rise to ause (a), he under-)			terioscl	-	15"	DEA
	1 101	7	Canditions which gav above ca stating the	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15, if any, ye rise to ause (a), he underpute last. DUE TO (c))	Fenerali	zed ar		P+3/3	15'	
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	1 101	FICATION	Conditions which gave ca stating the lying cau	IMMEDIATE CAUSE (a) Is, if any, ve rise to ause (a), he underiuse last. OTHER SIGNIFICANT CO disease condition given in the property of the	ONDITIONS CO	Demoraliant To DEAT	H but not related to	o the terminal P	ART III. If deceased there a pregna	was femancy in last	ale 90 Unki
	1 101	L CERTIFICATION	Conditions which gav above ca stating the lying cau	IMMEDIATE CAUSE (a) Is, if any, ve rise to ause (a), he underpute last. OTHER SIGNIFICANT CO disease condition given in	ONDITIONS CO	Demoraliant To DEAT	H but not related to	o the terminal P	ART III. If deceased there a pregna	was femancy in last	ale 90 Unk
	1 101		Conditions which gave above castring the lying cau PART II. 19. WAS AUTOPSY 2 PERFORMED?	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18, if any, ve rise to ause (a), he under- use last. OTHER SIGNIFICANT CC disease condition given in the condition given	ONDITIONS CO	Demoraliant To DEAT	H but not related to	o the terminal P	ART III. If deceased there a pregna	was femancy in last	ele 90 Unk
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalitied by the,
or_by	, Student Embalmer No
working under my personal supervision.	Signed Jannan
Student	_ Signed mall further
Signature of Student Embalmer	
	Licensed Embalmer No. 2589

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.